## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 

SIGNATURE AND TYPED O



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J03078

(9)

Principal Place	E'S BAR, INC.	Mailing Address		· · · · · · · · · · · · · · · · · · ·		
KEY WEST FL 33040 KEY WEST FL 33040-3350			3350			
					<ol> <li>Date Incorporated or Qualified 03/10/1986</li> </ol>	3a. Date of Last Report 06/25/1996
2. Principal Flace of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2663778	Not Applicable  \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23	Country	28 Zip	Coun		Trust Fund Contribution	Added to Fees
Z(p)	Country 25	29	30	иу	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,  Yes No
	9. Name and Address of Cur				10. Name and Address of New F	
	EN, JOSEPH B., III		(	Name		
	WHITEHEAD STREET		1	32 Street Add	ress (P.O. Box Number is Not Accept	able)
KEY	WEST FL			33		<u> </u>
			-	34 City		Inc. Zin Code
						FL 85 Zip Code
11. Pursuant   office or n agent. La	io the provisions of Sections 607. Egistered agent, or both, in the St in familiar with, and accopt the ob	0502 and 607.1508, Florida S tate of Florida Such change i bligations of, Section 607.050	tatutes, the abwas authorized 5, Florida Statu	ove-named corp by the corpora tes.	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of changing its registered ept the appointment as registered
SIGNATURE	Stockhard Typed or profed range of registered	t agent and tille if annicable	/NOTE: Registered	Acent signature regul	Ired when reinstating)	DATE
12.		AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 1170	ŧ		☐ Change ☐ Addition
NAME	PARK, CHARLES I., JR.		1.2 NA			
STREET ADDRESS CITY - ST - ZIP	1300 NEWTON STREET KEY WEST FL		1	EET ADORESS /-ST-ZIP		
1011 - 51 - 71r	PT	DELETE				Change Addition
NAME	PARK, CLIFTON, C		2.2 NA)	AE .		
STREET ADDRESS	1211 PINE ST		2.3 STR	EET ADDRESS		
CITY+ST-ZIP	KEY WEST FL			Y-ST-ZIP		
TOLE	VS DELETE					Change Addition
NAME PROCEE ATMOSECE	PARK, DAVID, R 1000 TRUMAN AVE		3.2 NA	ae Eet address		•
STREET ADDRESS COLY-ST-Zip	KEY WORTH FL			Y-ST-ZIP		
TIELE	1197 71 9711111	DELETI				Change Addition
NAME		!	4.2 NA	ME		
STREET ADDRESS		,	4.3 STR	EET ADDRESS		
CITY - ST - ZIP		Llesies		Y-ST-ZIP		D Observed D Add Blanc
Tillié		L] DELETI				Change Addition
NAME CONCLADOSONS			5.2 NAI	ł		
STREET ADDRESS C.TY+ST-ZIP				EET ADDRESS Y-ST-ZIP		
TITLE		DELETI			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME			6.2 NA	ME		
STREET ADDIRESS			6.3 STF	EET ADDRESS		
CHY-ST-ZIF	- pp. pp. 1 m. s. r. r. r. m. n. m. m. m. dd B. 1 pp. 1 m. m. m. m. n. pp. m. m. dd B. M. M. M. M. M. m. pp. m. pp. n. pl. s. de mille			Y-ST-ZIP		······································
informatio Lam an o	ri indicated on this arinual report	or supplemental annual repo	rt is true and a noowered to ex	ccurate and tha	d in Section 119.07(3)(i), Florida Statu It my signature shall have the same le out as required by Chapter 607, Florida	gal effect as if made under oath; that a Statutes; and that my name